

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXII. WEDNESDAY, FEBRUARY 19, 1845.

No. 3.

[The following remarks on cowpox are taken from a report made to the Rensselaer Co. (N. Y.) Medical Society in 1841 by SIMEON A. COOK, M.D., who was appointed by the Society to investigate and report on the state of professional opinion on the unsettled questions of vaccination. That part, only, which relates to the *origin* of the disease, and which appears to have been prepared with much care, is here given.—ED.]

ORIGIN OF VACCINA.

[Communicated for the Boston Medical and Surgical Journal.]

The origin of vaccina is not only important on account of its relation to the question under discussion, but from the necessity of a knowledge of it, in order to be certain of an unfailing source of the virus under any contingency that may arise.

It may appear extremely improbable, especially to those who believe that the virus does not degenerate in passing through the human system, that its sources should fail, and that a supply adequate to the necessities of the world should not at all times be accessible; yet if, what at least is extremely probable, the vaccine matter lose any of its specific qualities by passing through an endless variety of constitutions, unless some means of communicating the disease with certainty to the cow be discovered, the world may yet be deprived of the inestimable benefits conferred by the Jennerian discovery.

The spontaneous prevalence of the disease in the cow has always been extremely rare, and from present appearances is likely to become still more infrequent. Some idea of the difficulty of obtaining the virus may be conceived, when it is recollected that Jenner had formed the determination to test the truth of the vulgar opinion with regard to the prophylactic powers of vaccina as early as 1780. Yet no favorable opportunity occurred of carrying his resolution into effect, till 1796 (14th May). Still more rare has been the disease since that time, and notwithstanding the attention of the medical profession has been directed to this subject, few if any well-authenticated cases of the spontaneous disease in the cow have come under notice; and the matter in general use for vaccination in this country is from the stock originally obtained by Dr. Waterhouse, from Dr. Pearson, of London, about forty years since.

The most common opinion with regard to the origin of vaccina among

its early advocates, and one that was always believed by Dr. Jenner, was that it originated from a disease of the heels of the horse, known to veterinary surgeons by the name of *grease*; which disease of the horse he also maintained to be the source of variola; thus making smallpox and cowpox mere modifications of the same distemper. Hence his name—*variola vaccinæ*. And Dr. Barron informs us that he actually procured the latter in the human subject by the direct introduction of the equine virus.

"The first and second propositions," remarks an able reviewer, "are, it must be acknowledged, startling; they are apparently irreconcilable with the common sense of mankind, yet they were long considered true, and finally declared so by a physician who had much at stake, and was certainly of no inferior mind and of no insignificant judgment. We ought not, therefore, with a dogmatism which seldom springs from a philosophical understanding, to assert them to be false, without due inquiry and laborious investigation, because they may surprise us by their novelty, shock our prejudices, or clash with our preconceived opinions." Confirmative of Jenner's views on this subject, were the experiments of other inquirers. Dr. Sacco, of Milan, previous to 1810, procured some infection from the heel of a gentleman's coach horse laboring under grease, with which he succeeded in exciting a disease in the human constitution exactly resembling the cowpock, not only as respects its peculiar character, but also in protecting the system against the ravages of variolous poison. Dr. Sacco afterwards transmitted matter taken directly from the heels of a horse to Dr. De Carro, of Vienna, and to Dr. Friese, director of vaccine inoculation in Silesia. Both of these gentlemen were equally successful in producing the disease as Dr. Sacco had been; and it is now stated that they inoculated with vaccine and equine virus indiscriminately.*

The idea of a common origin for variola and vaccina was not confined to the vaccinators of the Jennerian period. But the investigation has recently taken a different direction, and instead of endeavoring to trace the two diseases to a common source, experiments have sought to find one the parent of the other. Accordingly, as early as 1831, Dr. Sonderland, of Bremen, with a view to prove the identity of the variolous and vaccine poisons, took the bed linen of a patient laboring under the suppurative stage of the smallpox, and which therefore was well impregnated with the active virus, and enveloped the bodies of some young cows with it for twenty-four hours. It was laid on the backs of the animals, and made fast round their legs. When removed, it was hung up before their mangers, so that they were forced to inhale the infected atmosphere. In a few days the cows became feverish, and on the teats and other parts of the body, where the skin is fine, were found numerous pustules, in every respect like those of the natural cowpox, and the matter of which, when inoculated, was found to communicate the disease as on ordinary occasions.

M. Numan, of the military school at Utrecht, repeated the experiments

* Scofield on Cow Pock, p. 35.

of Dr. Sonderland; and though he succeeded in communicating a pustular disease to the cow, he was unable to produce any specific human vaccioli by inoculating with the virus or dried scab.*

In 1835 Dr. John C. Martin, at that time of Attleborough, Mass., inoculated a cow eight years of age, with variolous matter taken from a patient laboring under the disease on the eleventh day. He made fourteen or fifteen punctures on one of her teats, being careful not to draw blood, and into these he inserted quills charged with virus. The cow was constitutionally affected as early as the fifth day, and a regular pustule was formed, perfectly exhibiting the local characters of vaccina on the eighth and ninth days. On the tenth, the pustule was full and distended; on the eleventh it commenced drying, and on the thirteenth "the virus had become solid, so that the pustule was converted into a crust or scab of a dark-brown color." The matter thus obtained, Dr. M. inserted in the arm of a boy ten years of age. "The virus lay dormant four days," but began to show local symptoms on the fifth, after which it ran its course, like the common vaccine vesicle, was characterized by a well-formed and regular areola, and in due time was transformed into a perfectly round mahogany-colored scab. The boy exhibited about the ordinary constitutional disturbance, and two or three small pimples appeared on his face and arms, but did not fill. This case was seen by Drs. Brownell and Toby, of Providence, R. I., and by them pronounced genuine vaccina. From this case Dr. M. inoculated others, and from these still others, twenty-three in all, each exhibiting the most perfect cowpox. The last case, and the one farthest removed from the cow, presented the most violent local and constitutional symptoms.†

But probably the most satisfactory, as being the most complete and best attested experiments of this kind, have been those of Mr. Robert Ceely, of Aylesbury (Eng.), and his associates. Attached to a section or committee of the Provincial Medical and Surgical Association, appointed to inquire into the present state of vaccination, he states that he undertook, among other experiments, to variolate the cow; that his first trials were failures, but that early in 1839 he was more successful. The variolous matter of the seventh or eighth day was used, and three young heifers were the subjects. In his first attempt he failed, but a re-inoculation was successful.

"It was performed in part in a situation where the skin seemed thin and bled freely on puncture. On the fifth day the purplish or livid pimples, so much like the natural or casual vaccine on the thin skin of the teats at this stage, announced the success of the operation on the lip of the vulva, and I certainly thought all the other punctures had succeeded on the thicker skin near the vulva. The want of color in these elevations was attributed to the texture of the skin there. On the sixth day everything advancing, but the larger and colorless elevations seemed without lymph; the four glistening vesicles had a slight central crust, clearly announcing their character. Lymph was procured from one with great

* *Medico-Chirurgical Review*, Jan. 1834, p. 308-9.

† *Boston Medical and Surgical Journal*, vol. xiv., p. 265-8.

difficulty, perfectly pellucid and adhesive. The seventh day the tubercular character of the four upper elevations quite manifest; they were subsiding without a central crust; the four vesicles had increased in breadth and were less elevated. On the eighth day lymph was again taken from a vesicle, which yielded it more readily than others; and, anxious not to interrupt their development, they were not again touched. All the vesicles were of a glassy resplendency; the tubercles were evidently passive. On the ninth day more lymph, perfectly pellucid, very scanty, was taken, the vesicles clearly advancing. On the tenth day, the day of *maximum* development of the vesicles, a slight areola round one of them; all had a very active appearance, and the lymph taken was perfectly limpid and quite as adhesive as before. The decline of the vesicles on the eleventh day was perfectly obvious, and precisely as in the natural, casual, and inoculated vaccine. This was confirmed by the appearances on the twelfth day. On the twenty-sixth day, the crusts having fallen a day or two, the smooth, pale rose-colored scars were observed. Re-inoculation and re-vaccination here also proved unavailing; the lymph taken on the different days was used with different degrees of effect, but when successful produced perfect vaccine vesicles."

Accordingly, the committee above mentioned, engrafting the principles deduced from Mr. Ceely's experiments into their joint report to the Association at Liverpool, July 25th, 1839, proceed at once on the ground that the question of origin is now settled, and under the first head treat of the "affinities between" what they call "cow smallpox and human smallpox." In the course of their report they remark, "What many gentlemen in this country failed to accomplish, we are happy to say has been at length achieved by one of the members of our association. Mr. Ceely, influenced by some of the facts and reasonings mentioned above, resolved to attempt to ascertain whether he could, by inoculation, impregnate the cow with human smallpox. Twice he has succeeded in accomplishing this important object, after many previous fruitless trials. His experiments were conducted in the presence of five medical men and one veterinary surgeon. He produced five vesicles on the cows, from which sources several hundred patients have been vaccinated, who have exhibited all the phenomena of vaccination in its most perfect form and complete degree; there was no attendant eruption, nor anything that could lead him to suspect that he had not in this manner propagated the genuine variola vaccina. He kindly transmitted portions of this lymph to the president of the section, who immediately committed it to the care of Mr. Coles and several other gentlemen, in whose hands it produced the most regular vesicles, which in every respect corresponded with those so beautifully delineated by Dr. Jenner in his first publication. This circumstance forcibly arrested the attention of every one, who saw the vesicle, and that too in several instances though the source whence the lymph was derived was not known. The correctness of the vesicle formed by it exhibits a marked contrast to that which we have seen produced by other virus now in use; and we fear the local as well as general disturbance occasioned by the latter, so far from being a source of protection, will be found to be the reverse."

The reporters designate the experiments of Mr. Ceely a triumphant conclusion of an investigation of more than fifty years' duration, and they remark, with cordial exultation, that the great problem respecting the nature of the security afforded to man by the communication of the vaccine disease, is solved. They refer to the various epizootics which have prevailed at different times, and which were of the nature of variola; and they state that the horse is liable to a vesicular disease of a variolous nature, as well as the cow; and that lymph taken from the horse and inserted into man will produce an affection in all respects like that derived from the cow, and equally protective. Jenner's error consisted in believing this affection to be the grease, and that it required to be transmitted through the cow to give it efficacy.

They also cite some facts for the purpose of showing that the variolous disease in the cow may be very aggravated as well as mild, and communicate to man an equally aggravated as well as a mild distemper. They also insist on the simultaneous existence of smallpox among men and the lower animals in England and other countries, and finally assert that the facts which they have adduced have all but proved "that the vaccine disease is not a preventive of smallpox, but smallpox itself."

From volume 10th of the Transactions of the same association, we learn that Mr. Ceely was with great industry and caution still pursuing the investigation of this subject; that on the 23d of Oct., 1840, he with Mr. Knight, of Buill, saw and examined two cases of variola vaccina in individuals, one 56 years of age, the other 17, who had neither of them ever had smallpox or cowpox. They had taken the disease accidentally from cows, which Messrs. Ceely and Knight also saw then laboring under cowpox. There were eight cows and two stirks; only one of the stirks, however, had the disease.

It was the opinion of Pollard, the elder of the above-named individuals and the proprietor of the cows, that they "(the cows) had been infected from human smallpox effluvia to which they had been exposed." Smallpox had indeed prevailed in the vicinity from the preceding June, and twelve cases had occurred between that time and October. "Of these smallpox cases," three of them occurred in two cottages "situated on each side of, and closely connected with a long narrow close or meadow comprising scarcely two acres." One of the patients, though she had numerous pock, was able to be about and crossed the meadow daily to visit the patients on the other side, who were very sick, and one of whom had the confluent and malignant form, and died Monday, 7th Sept. "Next day (8th Sept.) the wearing apparel of the deceased and the bed clothes and bedding, &c., of both patients, were exposed for purification on the hedges bounding the close; the chaff of the child's bed was thrown into the ditch, and the flock of the deceased woman's bed was strewn on the grass within the close, where it was exposed and turned every night and for several hours during the day, till the 18th September, a space of eleven days." On that day the eight milk cows and the stirks were turned into the meadow to graze. For this purpose, they entered it every morning and were driven from it every afternoon to a distant meadow, to

be there watered and milked and to spend the night. Whenever the cows quitted the meadow in the afternoon, the infected articles above mentioned, which had been withdrawn while the animals were in the close, were again exposed on the hedges, and the flock of the bed was spread out and turned on the grass, where it remained till the next morning, when the cows were re-admitted." "At this time the infected articles were understood to be withdrawn. It appears, however, that they were not always so punctually removed as had been enjoined; and both the proprietor and milker affirm that on one occasion at least they observed the flock bed on the grass, and the cows in the midst of it and licking it up."

The animals were healthy when they first entered, and within fourteen days five of the milch cows had heat and tenderness of the teats, and small hard pimples were distinctly felt imbedded in the skin; these continued to increase in size, and in a week or two rose into blisters, which in a few days dried down into brown and blackish scabs. While the local disease was at its maximum, a severe constitutional disturbance was manifested, "viz., sudden sinking or loss of milk, ptyalism and shivering, frequent inflation and reaction of the cheeks, staring of the coat, tucking up of the limbs, and sticking up of the back and a rapid loss of flesh." By the middle of the third week (14th Oct.,) the crusts and loose cuticle began to separate from the abundant secretion of matter, and the cows soon became quieter and more manageable, and by the 23d, when seen by Messrs. Ceely and Knight, the operation scarcely disturbed them at all.

The individuals before mentioned, who had taken the disease from milking and tending these cows, presented, Mr. Ceely informs us, all the phenomena usually observed when the vaccine virus is transferred from the cow to the human subject. In the elder subject (Pollard), the febrile or constitutional symptoms were extremely mild; and except the pain and swelling of the axillary glands he suffered no inconvenience, and was not confined a single day to the house.

Brookes, the younger, had the disease more severely. After having milked four of the cows for ten days, he felt stiffness and soreness of the glands of the neck, a pimple appeared on the fronto-temporal region, which on the twelfth day of milking he could not resist scratching. On the eleventh day, a pimple, the size of a pin head, appeared on the finger, the next day one on the thumb, and in none of these situations was he aware of any abrasion of the skin. They all continued to increase in size till the fifteenth day from his commencing to milk, when the constitutional symptoms were at their height, consisting of general febrile symptoms, nausea and vomiting. "He was unable to work, but never confined to the house."

From the fronto-temporal vesicle on Brookes, lymph was taken and used for vaccinating. This lymph was perfectly limpid and very adhesive. The first transfers presented the ordinary phenomena of the disease in its perfect form, till the full development of the areola, when the vesicles became very broad and flat, full of lymph, and were followed by sloughing, and deep, slow-healing ulceration. In the subsequent transfers of the virus, the effects varied according to circumstances. Some

cases were followed by sloughing, while others were attended with no inconvenience, the vesicle declining, as usual, and forming tamarind-colored scabs, the constitutional symptoms at the same time varying as much as the local.

"At the expiration of three months several of these patients were tested with variola by inoculation, with no other (effect) than a trifling fugitive inflammation at the point of insertion, or a small vesicle resembling the modified vaccine in form, size and course."

[To be concluded in next No.]

UTERINE POLYPI AND MALIGNANT TUMORS.

By Thomas Chadbourne, M.D., Concord, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

Two deaths from uterine polypus, and one from a uterine tumor of a more malignant character, having recently occurred in this State, it is thought a short notice of the fact in the Journal, if of no other use, may excite the attention of the profession to a more thorough investigation of a train of symptoms, often the result of *other* causes, to be sure, but not unfrequently occasioned by the irritation of some morbid growth, which, if not timely removed before the energies of the system be exhausted by protracted suffering and loss of blood, must inevitably end in death.

The subject of the first case was a middle-aged woman, who had for many years been in feeble health, but as the most prominent symptom was "only a weakness," as it was called, connected, as she supposed, somehow with "her turn of life," she was induced to neglect herself till from pain and hemorrhage her general health was completely broken down. In this state she was attacked with fever, and "sunk from exhaustion soon after the crisis." A medical friend obtained liberty of a *post-mortem* examination, and very kindly sent me the uterus containing an enormous polypus attached to the fundus, half the size of an ordinary full-grown fetus, forming a most valuable specimen of the disease under consideration.

The second case was a woman of about the same age. Since her last labor, which was represented to have been a severe one, she has never enjoyed good health, having seldom, for the last ten years, been free from leucorrhœa and bloody discharges, and occasionally severe expulsive pains. Her physician often urged upon her the necessity of some efficient means for her relief, but the dread of an operation, and advice of female friends, ignorant of the nature of the disease, induced her to delay, until one day being attacked by more than usually severe pains and hemorrhage, she was compelled, in the absence of her family physician, to call another, who on examination very properly assured her that an operation for the removal of a tumor was necessary, and, as it was a disease with which he was familiar, having had many such cases, he would remove it if desired, without pain, difficulty or danger. Such fair promises,

of course, gained the confidence of the patient, and a trial to apply the ligature was commenced, but instead of the facility and ease of the operation that was anticipated, *three long hours* were spent in diligent but unavailing effort, during which the patient suffered extreme pain and loss of much blood, when the operator desisted, promising to make another attempt some few weeks hence, when the woman should have recovered from the effects of the present trial. Any one accustomed to the application of the ligature in such cases, must at once suspect some great defect in the instrument, ignorance or inexperience in the operator, or all combined, but at any rate, great error in judgment in persevering in the attempt so long at the expense of so much strength, pain, and loss of blood. It is difficult to conceive of any circumstances in the case, or in any case, that would necessarily render the application of the ligature very painful, or of any obstacles that could not be overcome in twenty or thirty minutes if at all. The prostration and loss of strength from this injudicious attempt to ligate the tumor were very great, and from which the patient never fully recovered. It was about four weeks after this, that I first saw the patient. She was confined to the bed, with a pale sallow countenance, and a quick and feeble pulse. Notwithstanding the unpromising features of the case, for an operation that must necessarily be continued through several weeks, yet, her appetite being good, and the removal of the tumor affording the only possible chance of recovery, and as there was nothing to be hoped from delay, she was encouraged to submit at once to the application of the ligature, with the assurance of what I supposed to be the fact, that she might be sustained through it, and the disease be removed. The ligature was easily applied, without pain or unusual difficulty, and in the course of a week, that portion of the tumor occupying the lower part of the pelvis, and resting on the perineum, was removed, weighing, as was supposed, about two pounds. As the removal of this mass made room to reach with the instrument the neck of the tumor, and as the patient seemed quite as well as before the operation, having suffered neither pain nor loss of blood, there was encouragement to persevere and attempt the removal of the remainder. The ligature was in a few minutes applied, with equal facility as before, although there was more tenderness of the parts, but all seemed well, till the third day, when dyspnoea and faintness came on, with œdema of the legs, and inability to bear the erect position, and she gradually sank from exhaustion, and died. The portion of the tumor unremoved proved to be about eight inches in length and five in diameter, being attached to the fundus uteri by a neck or pedicle two inches in diameter. The walls of the uterus were perfectly healthy and free from inflammation, but as thick as in the last months of pregnancy.

Of the early history of the third case, but little definite information could be obtained, only that for eight or ten years she had been constantly harassed with uterine pains, leucorrhœa and loss of blood. I found her (Jan. 25, 1845) confined to her bed, with a small, feeble pulse, abdomen large, hard and excessively tender, countenance pale and despondent. The os uteri was rigid and unyielding, and the attempt to in-

roduce the finger gave great pain and suffering. The resistance, however, was sufficiently overcome to ascertain that the uterus was distended by a fleshy mass, the precise character of which was doubtful. As nothing at present could be done, the patient was left in the care of her attending physician, Dr. C. B. Webster (who first suggested, in his letter to me, the probability of the presence of an uterine tumor), with the understanding, that if he succeeded in arresting the discharges, and bringing up the exhausted powers of the system so as to justify an attempt to remove the tumor, he would inform me. In a week the patient died. The uterus was found to occupy about the same space in the abdomen as in the seventh month of pregnancy. Its neck and lower portion were very much thickened and of a scirrhus hardness, becoming gradually thinner towards the fundus, where, in consequence of ulceration, were two orifices, an inch in diameter. The size of the uterus was not the result of the uniform growth of the whole organ, as in pregnancy, but of that portion only above the attachment of the broad ligaments, presenting the novel spectacle of the attachment of these ligaments and the entrance of the Fallopian tubes at the neck instead of near the fundus. The tumor adhered to more than two thirds the surface of the uterus, and at the place of adhesion so intimately blended with its substance, that it was difficult to distinguish the substance of the one from that of the other. The weight of the whole mass was estimated at six pounds. There was a malignancy in the disease pervading the whole uterine structure, that had been long, if not from the first, remediless.

I know of no distinctive symptoms by which this malignant fibrous tumor and simple uterine polypus can with certainty be designated, and if they could, I know not that it would influence the practice, as every morbid growth of these parts, whether malignant or not, should be removed if within the reach of the ligature. As to the means of ligating uterine tumors, there is some discrepancy of opinion. I have several times used an instrument contrived by my partner Dr. Buck, that I think on many accounts preferable to the double canula or anything else I have seen recommended. It consists simply of two wires about one eighth of an inch in diameter, the upper ends a little flattened and made perfectly smooth, with an eye in each. The end of the ligature (consisting of five threads of the best "saddler's silk," well waxed, but not twisted together) is passed through the eye of one wire and made fast to the eye of the other. The wires are then passed up if possible to the neck of the tumor, the one having the ligature passing through its eye is held stationary, while the other is gently worked round the tumor, carrying with it the ligature, and brought up to the side of its fellow, and the same means are then used to retain them in contact and to finish the operation as when the canula is used. The advantages of this instrument over the canula are, 1st. That it is easily obtained; almost any one can make it. 2d. It is cheap. Although the one made of pure silver cost me six dollars, another made of common brass wire, equally as good, cost but fifty cents. 3d. It is easily cleansed, a recommendation no one can duly appreciate till he has tried to clean the canula. 4th. It can have any shape given

to it by bending the wires, which circumstance alone gives it a great advantage in practice over the canula.

DR. PEASLEE'S NEW MICROSCOPE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Knowing the interest you feel in the advancement of sound medical learning, permit me, through your valuable Journal, to call the attention of the New England public to a short description of a microscope which Dr. E. R. Peaslee, Professor of Anatomy, &c., of Dartmouth College, and Lecturer on Anatomy and Surgery at Bowdoin College, has just received from Paris. I ought to premise, perhaps, that this instrument was ordered by the Professor in season for the last medical course at Dartmouth College, but owing to the delay of the manufacturer has but just arrived.

The doctor writes me, in relation to this instrument, that "the workmanship is of the most splendid kind in all respects, and, so far as I have had time to test it, its optical powers fully equal its mechanical perfection. Decided improvements have recently been made in the construction of microscopes by Chevalier, of Paris. Professor Baillie's instrument, which he has employed at West Point, as you are doubtless aware, has been regarded as the best in this country. "The extreme magnifying power of this instrument," the doctor continues, "is also greater than I had expected—3,000 diameters or 9,000,000 areas. The minimum is 50 diameters. It has also a great variety of apparatus, besides that necessary for common purposes, and by reason of which, it truly deserves the name of '*Microscope Universel*.' It can be used as a *vertical* or *horizontal* instrument; it has an apparatus for *chemical* observations; one for *anatomical*; another for copying the magnified objects by means of the camera lucida; and another for viewing objects by polarized light."

It is due to the doctor, also, that the public should be informed that this instrument, the workmanship of the best optician on the Continent—Chevalier, of Paris—has been procured at his own private expense; and it cannot but be hoped that the doctor's success in investigating and elucidating the truths of science with this splendid instrument, may be as great as has been his self-sacrifice in procuring it.

Yours truly,

LYMAN MASON.

ON CHRONIC PERITONITIS AND TABES MESENTERICA.

By O. J. B. Williams, M.D., F.R.S.

CHRONIC peritonitis may proceed from the acute disease, or it may begin insidiously. The symptoms of the chronic disease are: continued frequency of the pulse; fever, of a subdued character, with which more or less pain and uneasiness in the abdomen are combined. A pricking pain, acute in some parts, is felt from time to time, with a degree of tenderness

and soreness. When the disease begins in the chronic form, it is much more insidious; it may steal on gradually without appearing to exist, and the first sign is an enlargement of the abdomen, with liquid effusion. There is, sometimes, vomiting and purging, or there may be constipation, attended with symptoms of dyspepsia. The pain and uneasiness in the abdomen are not so soon developed in the chronic form, but there is rather an inability to bear anything tight on the abdomen. As the disease goes on, the abdomen becomes enlarged, not only by the effusions I have mentioned, but by serous congestions. This takes place whilst other parts become emaciated. The limbs become smaller, while the belly gets larger. There may be constipation, or there may be the opposite state; and the feces themselves are generally disordered in character, being either too light or too dark. The tongue, in this disease, is usually covered with a fur of a purplish-brown color, sometimes glazed and red; the lips cracked, and the skin pale, sallow, and wrinkled. On examining the abdomen, you will never fail to find some physical signs of disease. The walls of the abdomen are loose, but the viscera may be felt underneath, in a hard and knotty state, and in irregular masses: some parts being more resisting than natural. Generally speaking, there is some tenderness in particular parts, and the sound on percussion is very irregular, some parts being tympanitic, and others having a degree of dulness. If there is liquid effusion, it may be difficult to distinguish it from pure ascites or dropsy, which we shall have hereafter to consider. But the liquid effusion, accompanying peritonitis, is usually attended by some irregularity in the swelling, a great amount of tenderness in the abdomen, and the absence of the signs and causes of ascites. There is, usually, no disease of the liver, with the effusion arising from peritonitis: no disease of the heart; yet there is progressive emaciation; there is fever; and, at last, anasarca may occur, and the patient become generally dropsical. This is not an uncommon result of peritonitis. The nutritive functions become deranged, with the altered state of the viscera of the abdomen.

It is not necessary to go minutely into the history of the appearances of chronic peritonitis, as the history of chronic pleurisy will serve to give an idea of them. Chronic peritonitis occurs especially in scrofulous children, and, in fact, it may be pretty generally considered as a scrofulous, or tuberculous form of disease, whether occurring in children, or in adults. When it takes place in children, there is fever, and gastric or enteric derangement, or diarrhoea; there is slight tenderness of the abdomen; but this is often very little complained of. Structural changes sometimes take place, without any marked symptoms occurring. It is occasionally observed to follow measles and whooping cough, and, in some instances, to be accompanied by liquid effusions into the abdomen. A slight degree of fever remains, and the patient loses strength, whilst the belly gets larger. I have known the same thing occur in a child, who had suffered from ascarides, and, owing to these symptoms, the latter disease had escaped attention. On examination after death, it was found that the peritoneum was very extensively tuberculated. Chronic peritonitis is generally tuberculous; *Louis* says it is always so; but there are forms of

chronic peritonitis, in which granular tubercles are not present. I have met with cases of the disease, in which all the intestines have been agglutinated together; there were no distinct tubercles present. The reason why chronic peritonitis is more constantly tuberculous than chronic pleurisy, I believe to be that, in the case of chronic peritonitis, there is less motion of the intestines, or less compression, so that the low products of inflammation assume the natural rounded character which slow effusions are apt to take, if unmolested. The effusion of lymph is first of all granular.

The treatment of this affection is, for the most part, palliative. When once the disease has reached to a considerable extent, as exhibited by a knotty state of the addomen, with more or less distention from liquid or solid effusions, and great emaciation, little is to be done but to palliate the symptoms. But if detected, or suspected, in the early stage, there is then reason to believe that a well-adapted treatment will remove it. I had several cases, under my own observation, of incipient symptoms of chronic peritonitis, with liquid effusion in the abdomen, tenderness on pressure in those parts, and all the symptoms I have mentioned, and they subsided under persevering treatment. Fomentations, followed by blisters, and, subsequently, the use of mercurial ointment, or mercury combined with iodine and iodide of potassium, exerted a very powerful influence. This treatment, persevered in, with mild aperients, succeeded in dispelling the symptoms of this affection. However, while in one patient all these symptoms subsided, the brother of the same child died under exactly similar symptoms, and the peritoneum was found to be extensively diseased. In case of more extensive liquid effusion, it is useful, if mercury has not been administered previously, to affect the gums with this medicine, giving diuretics in small doses, but taking care to guard against violent sickness and vomiting. The diet should be of a mild character in these chronic affections of the abdomen, but not too spare. Chronic inflammation is combined with derangement of the whole system, and the extreme reduction, that answers in acute inflammation, becomes, in many cases of chronic disease, injurious. With the diet, there should be a small allowance of animal food frequently given. Healthy air is of the greatest consequence in these cases.

Tabes mesenterica is closely allied with this disease. It consists of an undue development, or enlargement, of the mesenteric glands, and is very often combined with tuberculous peritonitis.

Sometimes it consists of a slight enlargement and disease of the glands, without any affection of the peritoneum itself. Where it occurs without peritonitis, it is frequently connected with disease of the mucous membrane of the intestines. Remittent fever, in children, is apt to pass into this disease. The fever is accompanied by inflammation of the mucous membrane of the intestines, which passes on to ulceration, and, connected with that ulceration, there is commonly enlargement and disease of the mesenteric glands. Sometimes, it is dependent on irritating matters absorbed from the intestines. This disease is common in children, from the age of two years to puberty, when the growth is rapid, and the nutritive

and digestive organs are apt to be disordered. It is very insidious in its advances: sometimes coming on after febrile diseases, and sometimes as a sequela of the exanthemata—measles, hooping cough, small-pox, and scarlatina; and is commonly attended with remittent fever, and the sub-acute form of gastro-enteritis, in children. The chief symptoms are: some degree of pain in the abdomen, but of a slight character; tenderness on pressure; generally, enlargement of the abdomen; some febrile accession in the evening, and, sometimes, quite a hectic flush is found on the cheeks; the pulse is gradually quickened, and there is progressive emaciation. Hence, its name—*tabes mesenterica*. No doubt, it is connected with obstruction in the lymphatic glands. The appetite is disproportionate to the state of the nutritive function; it is voracious, but all that is taken is not converted into nourishment. The symptoms are not unlike those I described in worms; but their permanency, and the increasing emaciation, induce a suspicion of the disease. Pain of the abdomen is sometimes present; and, sometimes, there is no heat in the abdomen except at night. The enlargement of the glands can be felt in the middle region of the abdomen, more particularly when the stomach and bowels are empty, as after the operation of a purgative or before food is taken. The knotty state of the glands can frequently be felt, when the patient is lying on his back. The constitutional symptoms are exceedingly like those of phthisis pulmonalis, although the seat of the lesion is different in the two cases. If the disease goes on, very frequently it terminates in pulmonary consumption. In five-sixths of the children, affected with *tabes mesenterica*, tubercles are found in the lungs; in adults this is more unusual. On examination of those who have died in the more recent stages of the disease, the glands have been found enlarged and loaded with granular deposit, or a collection of opaque and cheesy matter. This condition is found particularly after fever. In the advanced forms of the disease, the enlargement of the glands is more extensive, and consists of a plastic kind of tuberculous matter. It is rarely, however, that you find it here in the same state as in the lungs; the reason of which I believe to be, chiefly, the smaller amount of vascular communication in these glands than in the lungs. In older subjects, where the disease has gone on longer, the glands are found to contain some cretaceous or calcareous concretions, some portions being quite osseous. The presence of these is a proof of age. In other cases, instead of the cheesy form of tubercles, there is more of a consolidation of the glands, and, sometimes, enlargement to a considerable extent—a sort of hypertrophy, with much less tendency to the tuberculous deposit. Sometimes, disease is found in other glands of the body; in the lymphatic glands in the cervical and the inguinal regions, &c. The lymphatic glands are affected more than any others in the system.

The *treatment of mesenteric disease* is much the same as that I mentioned under the head of chronic peritonitis. It is a dangerous disease in its advanced form, where it distinctly exhibits the characters I have described; but, probably, like chronic peritonitis, it is curable in the early stage, or when occurring in children, in whom diseases are more tractable

than in adults ; at this period of life, the system is more elastic, and can adapt itself to circumstances more readily than at other ages ; there is also, with them, a greater activity in the processes of renovation and of growth. The treatment, too, is much the same as that adapted to scrofula ; the use of iodide of potassium, or iodide of iron, together with liquor potassæ, and tonics, should be persevered in for weeks or months together ; in the earlier stages the employment of mercury, in moderate doses, and aperients, as may be necessary ; strictly regulating the diet, and adhering to digestible kinds of food, chiefly farinaceous, but containing as much animal matter as the patient can, with facility, bear ; often allowing a little malt liquor ; promoting the circulation by regular exercise, or by friction ; using, as an ointment, the iodide of potassium, or the iodide of lead, or mercurial ointment, rubbed into the enlarged abdomen. These are the means that have been found most useful, especially in some of the earlier forms of these affections. Sea-air, and sea-bathing, too, have been found of considerable efficacy in these diseases ; and, even in the more advanced forms, these remedies, sometimes, stay the progress of the malady. As the recovery progresses, a more stimulating diet may be freely allowed to the patient. Where sea-bathing is employed, we should make use of warm sea-water, unless the patient is strong, and the season very hot.—*London Med. Times.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

~~~~~  
 BOSTON, FEBRUARY 19, 1845.

---

*Foot-prints of Extinct Animals.*—Several printed pages, accompanied by a lithographic plate, illustrative of discoveries, by James Deane, M.D., of Greenfield, Mass., have been received. Dr. D. is a laborious investigator, and is bringing treasures out of the rocks, of incalculable importance to geologists. A detail of his discoveries would be quite out of place, yet we cannot allow the opportunity to pass of reminding our medical friends, that they, above all men, have special reasons for studying nature and her laws. By economizing time, and allowing no moment to be lost, researches may be systematically conducted, of vast interest, illustrative of the early condition of the globe, the races that have successively occupied its rough surface, and of man himself, the greatest wonder of the whole.

Dr. Deane has already cut his name in the temple of fame, in connection with certain curious discoveries in the new red sandstone of Connecticut river. He has traced out, and is still progressing in the work of proving, that, at an epoch so remote that no philosopher dare define the period, animals of strange figures and anomalous proportions, perhaps unlike any of the present day, lived and gambolled in the majesty of unrestrained freedom,—so long ago, that the solid rocks on the margin of the Connecticut, were then a soft, yielding mass. While in that state, those known *unknowns* walked about, leaving the impressions of their feet in the then plastic mud, which has brought down an exact figure of them

to these latter days. Here is something to excite philosophical enterprise. —Dr. Mantel, of England, is a bright example of the achievements which may be accomplished by a daily practitioner of medicine in a country town, removed from intercourse with the learned, and far from libraries or the advantages of a regular cabinet. His name rings over christendom. Dr. Darwin, a country physician, was a man of mighty genius. The Zoonomia must go down to after times, the perpetual evidence of his transcendent intellectual endowments. True it is, that the sun of his glory is somewhat obscured by the dazzling rays of later scientific luminaries; but still the name of Erasmus Darwin can never be erased from the calender of scientific discoverers.

These considerations spontaneously arise when reflecting upon the extensiveness of the field that is laid open for the inspection of medical gentlemen, when unoccupied by legitimate professional duties. Let us improve the opportunities, then, and suffer not the gray hairs of approaching age to reproach us with having heedlessly neglected to improve ourselves or to enlarge the sphere of human knowledge.

---

*Sociability of Medical Men.*—Such is the constitutional structure of some individuals in the medical profession, that they seem to eschew every appearance of or approximation to sociability. They go through life with the reputation of being good practitioners, perhaps, or good citizens, which means that they do no harm, and have paid their taxes; but society is neither enriched nor the world made happier by them. A bereaved family may chisel their virtues on a grave stone—the only place where a record is made of qualities that no one discovered while the individual was living. Cheerfulness in a physician is an essential element of professional usefulness. His smiles of recognition, his expressions of sympathy, and even his general reputation for social courtesy, diffuse encouragement where it is most needed, and promote human happiness, the universal pursuit of man.

It is a misfortune to be deplored, when any one with a cold, repulsive address engages in the onerous responsibilities of a physician. Patients may swallow his prescriptions, yet can have little affectionate regard for the prescriber. Though perfect confidence is felt in his ability and integrity, nothing but necessity induces the public to patronize him. Time and sickness contribute, perhaps, to give him reputation, which he never would have had in any other pursuit. It is an unnatural position, however, and those who have contributed most towards elevating an unsocial, selfish, owlsh practitioner, forsake him on the slightest occasion, whenever they discover the same scientific qualifications appertaining to one of a social disposition.

---

*Civilities to Students.*—Several delightful visitations, at the houses of the faculty of the Medical College in this city, have been held within a few weeks. Civilities of this kind, towards medical students, who are strangers, have a favorable result, as they go away from such meetings with pleasant recollections. These young gentlemen, when far from their homes, appreciate kindness and attention; and besides, the influence on their characters is of importance to them and to others. "All work and

no play," breaks down the elasticity of the mind, and predisposes to moroseness and obstinacy of opinion. Nothing more effectually encourages a student in his preparation for after life, than a cordial interest in his personal welfare. By what he sees of others, he learns his own place in the social scale, and acts upon the system and precepts of his elders. Nothing is lost by a well-regulated hospitality, whilst the gain, in a moral point of view, is incalculable both to the giver and receiver.

*Conduct of Medical Students in the Lecture Room.*—A circumstance occurred at the Mason Street Medical College, last week, which induces us to advert to the subject of *conduct* in the lecture rooms of medical institutions. In the first place, it is the positive duty of students, during the lecture of any professor, to give him their undivided attention. Their express object should be to listen while in the theatre. They sink the character of gentlemen the moment they join in any habitual petty disturbance that annoys the speaker, or those who would hear if they could. We have been amazed to see young men who, from their exterior appearance, would have been taken to be well bred, watching an opportunity for throwing bits of paper, apple cores and other small missiles, to their fellows on another seat. Such vulgar exhibitions soon develop the traits of the individual, as straws show the way of the wind, and they become marked men in the estimation of those by whom they would like to be esteemed. Whispering, stamping, shuffling the feet, &c., are excessively provoking to the lecturer, who sighs over the perpetual recurrence of those little faults of propriety which he does not like to speak of too often, notwithstanding the fact that every repetition is an embarrassment, disrespectful to him and to the place, and subversive of that decorum which should be maintained between a lecturer and the class.

A rowdying spirit, that delights in disorganization, and secretly aims to break up that system of order that should necessarily be strictly maintained during the lecture hours in medical colleges, has repeatedly shown itself of late, we understand, in several schools. If the faculties exercise the paternal power with which they are clothed, they would be justified in expelling, instantaneously, those offending leaders who are known to be more intent on mischief than on their studies. They ought not to be tolerated a moment. One overlooked breach of the regulations and of good manners, in this respect, perils the reputation of the establishment. A reformation is wanted, that the growing evil of disrespectful carriage in medical lecture rooms, and hospital clinics, may be overcome. Having ourselves had experience in this matter, we know how to sympathize with those who suffer from the presumption, forwardness, meddling propensities and vulgar deportment of the few medical students who assume to be—what they never were—*gentlemen*.

*American Journal of Science and the Arts.*—A special note in the last No. of this excellent periodical, is addressed to subscribers, intimating that, from various circumstances, the work is placed in a precarious condition. Surely, this is bad news, which by no means redounds to the reputation of men of science in this prosperous country. We can recommend it to the medical fraternity everywhere, without hesitancy, as being emi-

nently worthy of their patronage. Indeed, it is a publication of a character so elevated, that it would be a useful and should be a welcome guest in every reading family in the land. Curiosity is gratified by the astonishing developments it brings to light in the domains of general science. The mind is instructed and its powers enlarged by studying its useful pages. By it we keep pace with the progress of discovery throughout the world; and since the editors have never failed to furnish a digest of the achievements of the learned in all departments of science and the arts, this quarterly, in the range of its subjects, is without a rival on the western continent.

Such are our views of the merits of the American Journal of Science and the Arts. But were it distinctly known to its editors that we get regularly provoked, once a quarter, because, for more than two years, a No. has not come from them to the address of this Journal, as in former times, they would wonder how we can so good-naturedly set forth its virtues. By begging, and pleading, and re-asserting the fact that copies should be sent to us, ours being regularly sent in exchange, the October and January Nos. were kindly furnished by the agent in this city. Trusting that this statement will lead to a correction of the evil reluctantly set forth, we hope hereafter to record that this periodical is thriving according to its unquestionable deserts, sustained by the wealth and increasing intelligence of the age.

---

*Massachusetts State Lunatic Hospital.*—Having read Dr. Woodward's 12th annual report, we are happy to express our pleasure in its perusal. Its miscellaneous observations on particular cases, and on various kinds of medicinal articles, aside from the exceedingly satisfactory account which Dr. Woodward gives of the institution, will make it a popular document, and of great interest to all. For ourselves, we think that Dr. Woodward has on no former occasion been so happy in his reports. Infantile insanity, which presents important considerations, is a grave subject indeed, on which he has thrown a strong light.

The whole number of patients admitted from the beginning is 2013; discharged and died, 1750. At the close of 1844, there remained 263—and the number admitted the past year was 236; discharged 228, of whom 124 recovered and 15 died. Hereafter we shall make such extracts as will convince those who cannot peruse the report, that our views of it have not been erroneous.

---

*Bloomington (N. Y.) Asylum for the Insane.*—From Dr. Pliny Earle's Annual Report, we learn that the number of patients in this asylum at the beginning of 1844 was 100; admitted during the year, 106; discharged and died during the year, 102; remaining in the Asylum at the end of the year, 104. Of those discharged, there were recovered, 50; improved, 27; by request, 12; died, 13. Of the whole number, 163 were Americans, and 43 were foreigners; 105 were natives of the State of New York. "Of the patients who were in the Asylum," says Dr. E., "on the first of the year, the number who had never been married was nearly twice as great as that of the married whose husbands or wives were living, and 27 per cent. greater than the aggregate number of the married and the widowed. Of

those admitted during the year, the single exceed the married in number, but are not equal to both the married and the widowed. The number of widowed females exceeds that of the same class of males by 33 per cent."

---

*Progress of Hydropathy.*—On the plan of the water-curing establishment at Gräfenburg, other establishments have been erected at Berlin, Dresden, Gotha, Cassel, Brunswick, Boppard, Coblenz, and in Belgium at Courtray and Etterbreck. In England, Malvern, Hertford, Stanstedbury, Bath, Cheltenham and Liverpool, have each their water hospitals. There is a perfect mania raging in regard to curing diseases by water, with that class of people who never think deeply or patiently upon any subject. It is so to some extent in the United States. Those who are giving daily evidence of being most attached to hydropathy, are not remarkable for their profound attainments; but being people of impulsive activity, the last new thing that they see, hear or read about, either in law, physic or divinity, is embraced as the great thing needful.

---

*Rutherford County Medical Society.*—The physicians of Rutherford county, in Tennessee, have united in the organization of a society, for the advancement of medical science and the promotion of friendly professional intercourse, and are holding meetings, at which papers on the medical topography of their county are read, and all medical matters interesting to the members are brought up and discussed. Improvement to the members, and benefit to the community, must result from this association. We cannot conceive of any method so well calculated to advance all the great objects in which the profession have a deep concern, as the formation of such societies wherever a number of physicians can be brought together.—*Western Journal of Medicine and Surgery.*

---

*Report of the Physicians to the Kentucky Penitentiary.*—The physicians to the Kentucky Penitentiary, at Frankfort, Drs. W. C. and Lewis Sneed, report one hundred and ninety-six cases of disease as having been treated in that institution during the ten months of their attendance. Of these the most numerous were cholera morbus, intermittent fever, parotitis, and constipation. During all the time not a death has occurred in the penitentiary, although many of the attacks were of a violent character. The physicians conclude their report with the following statement:

"A large number of the convicts sent to this institution are men who have been regular drinkers, or confirmed drunkards, and consequently, enter the prison with constitutions so much impaired by disease and dissipation, that they require more or less medical treatment before they are in a condition for manual labor."—*Ibid.*

---

*Bathing Houses in China.*—At Shanghai, numerous bathing-houses are met with, which are established by private individuals as a source of profit. They are for the most part large, commodious houses, kept very clean, and great numbers of Chinese constantly resort to them at all hours, more especially in the latter part of the day. The price for a bath is six copper cash, exactly one farthing; for the bath and a cup of tea, nine cash.



In the front of the house there is a large hall, fitted up with great numbers of boxes and compartments, in which the visitors place their clothes; all these boxes are under the charge of a doorkeeper, who gives the bather a clean towel, and is responsible that no transfer of property occurs during the absence of the owner. A passage leads from this hall to the bathing apartment, which is a small room the greatest part of which is taken up by a large water trough made of tiles—this is filled with water and kept hot by a fire placed underneath; planks are placed across the trough on which the bathers sit in the steam and wash themselves, or get into the water at pleasure. The water is changed once every day, and although this would not suit the ideas of an European in respect to cleanliness, the Chinese do not regard it, and appear to enjoy the bath as much in the evening as when the water is first put in earlier in the day. This establishment (the attendance at which is of course entirely confined to the men) must be a great source of cleanliness and comfort to the people, who have the advantage of a hot bath at very low rate of charge. The average daily attendance is about a thousand. Similar bathing houses are also kept at Ningpo.—*Med. Missionary Society Report.*

*Camphorated Saponaceous Spirit, or Liquid Opodeldoc.* By GISEKE, of Eisleben.—For several years, this spirit has not only been prescribed by the physicians of Eisleben, under the name of liquid opodeldoc, but it has also been in public demand more frequently than the ordinary solid opodeldoc. It justly deserves to be preferred to the latter, because it is better preserved than in the flasks which contain it, and because it is more easily applied; it may also be more easily associated with other preparations when necessary. The following is the mode of preparing it:—R. White and dry castile soap, 60; camphor, 15; highly rectified spirit of wine, 500; volatile oil of thyme, 4; volatile oil of rosemary, 3; liquid caustic ammonia, 30. Mix and dissolve S A., then filter.—*Chemist, from Archiv. de Pharmacie.*

*Prize.*—The French *Societe de Medecine Pratique* offers a gold medal, worth £20 (500 fr.), for the best essay on the following subject:—"What is meant by the denomination, typhoid fever? Describe briefly its history, and minutely its essential characters and treatment." Essays must be sent, p. p., before the 1st Jan. 1846, to Dr. Serrurier.—*Medical Times.*

TO CORRESPONDENTS.—Dr. Knowlton's paper on Fever will be published next week.

MARRIED.—Dr. Ellwood Harvey, of Chadd's Ford, Penn., to Miss J. L. Youle. —Dr. M. P. Hutchinson, of Philadelphia, to Miss E. Kirkpatrick. Wm. Knight, M.D., of Marlboro', to Miss S. B. Tainter.

DIED.—At Hudson, N. Y., Dr. Samuel White, 68.

Number of deaths in Boston, for the week ending Feb. 15th, 58—Males, 29; Females, 29. Stillborn, 4. Of consumption, 11—drowned, 1—infantile, 5—scarlet fever, 8—lung fever, 3—hooping cough, 1—dropsy on the brain, 3—inflammation of the bowels, 1—croup, 1—influenza, 1—teething, 2—accidental, 1—hemorrhage, 1—paralytic, 2—syphilis, 1—inflammation of the lungs, 1—hernia, 1—typhus fever, 1—erysipelas, 2—canker in bowels, 1—old age, 1—child-bed, 1—disease of the heart, 1—bowel complaint, 1.

Under 5 years, 31—between 5 and 20 years, 3—between 20 and 60 years, 20—over 60 years, 4.

*Amputations.*—In regard to *amputations*, the greatest modern improvement is, the frequency with which they are abstained from. When surgeons first got into the way of operating, limbs were removed without scruple, and, frequently, without just cause. They would appear sometimes to have been lopped off, as if to prove how well the body could maintain its existence without them. Morand relates, that in the Hotel des Invalides, at Paris, mutilated objects are in recollection, who had lost their thighs and arms, so that, unless assisted, they could not stir, and it was necessary to feed and wait upon them like new-born infants. That such a state of things has long passed away is quite true, but even within our own time still further improvements in this respect have been made, and many limbs are now saved, that, not long since, would, to a certainty, have been condemned to the knife. Sir Benjamin Brodie informs us, in the last edition of his work on the "Diseases of the Joints," that it was the practice which prevailed in his early days, of amputating white swellings, as soon as their character as such was determined, that gave him those opportunities of investigating the disease in its early stages, on the pathological facts derived from which the chief value of his book depends. Our museums in this city, likewise, bear evidence to the same practice of early amputation; and those who possess such preparations of disease will do well to take care of them, as they are not like to get many other similar specimens from the hand of modern surgery.

The same observations apply equally to many other cases, such as diseases of the mamma and of the testis, ulcers of the leg, hernia, injuries of the head, compound fractures and dislocations, &c., all of which yield, oftentimes, to improved plans of treatment, short of having recourse to the knife. Regarding hernia, the name of O'Beirne will be hereafter associated with it, as having introduced a plan calculated to save many a valuable life. I allude to his method of drawing the gas from the interior of the bowel by means of a long gum-elastic tube; and to the efficacy of which there is now abundant evidence from all quarters.

In respect of operations, then, true surgery rather avoids than courts them; and, in this respect, unlike what takes place in all other professions, the improvements introduced into it cause a diminution in the emoluments derivable from the practice of surgery. It is a well-established fact, that the incomes of medical men are much reduced from this cause, and yet, nevertheless, they persevere with laudable disinterestedness in their endeavors to effect still further improvements. Is not this the highest degree of philanthropy?—*Prof. Houston's Introductory.*

---

*New Books in London.*—A Tabular View of the Seat of Tubercle in 180 Cases of Tubercle in the Lungs of Children. With Remarks on Pulmonary Phthisis in the Young Subject. By P. Hennis Green, M.D.—Extract from the Seventy-second Report of the Committee of Visiting Justices of the Hanwell Lunatic Asylum, relative to the Report of the Metropolitan Commissioners on Lunacy. With Remarks by Mr. Serjeant Adams, late one of the Visiting Justices.—Lectures on Pulmonary Phthisis, delivered in Jervis street Hospital. By John T. Evans, M.D. The National Diet Roll; or, an Improved Method of Insuring to the Lower Ranks of the People a Supply of Food. By D. O. Edwards, Esq., Surgeon.